

EROSION RISK EVALUATION

DATE: _____

PATIENT NAME: _____

DATE OF BIRTH: _____

OVERALL EROSION RISK

LOW    HIGH



YES



DIET:

<input type="checkbox"/> I drink the following...	<input type="checkbox"/> Soft drinks / sodas	<input type="checkbox"/> Diet soft drinks/ sodas
<input type="checkbox"/> Lemon juice in water	<input type="checkbox"/> Vitamin C drinks	<input type="checkbox"/> Herbal tea
<input type="checkbox"/> Energy drinks	<input type="checkbox"/> Sports drinks	<input type="checkbox"/> Freshly squeezed juice
<input type="checkbox"/> Water	<input type="checkbox"/> Wine	<input type="checkbox"/> Iced tea
<input type="checkbox"/> RTD's or alcopops	<input type="checkbox"/> Kombucha	<input type="checkbox"/> Flavoured water
<input type="checkbox"/> Vegan diet	<input type="checkbox"/> Vegetarian diet	<input type="checkbox"/> I eat lots of fresh fruit

NOTES:   

SPORT:

<input type="checkbox"/> I participate in endurance sports	<input type="checkbox"/> I wear a mouthguard
<input type="checkbox"/> I rehydrate with sports & electrolyte drinks	<input type="checkbox"/> I rehydrate with gels

NOTES:   

HEALTH:

<input type="checkbox"/> I use a liquid antioxidant	<input type="checkbox"/> I have done a detox diet
<input type="checkbox"/> I use liquid or gel vitamin supplements	<input type="checkbox"/> I take a soluble Vitamin C tablet in water
<input type="checkbox"/> I drink a vitamin drink	<input type="checkbox"/> I suck vitamin lozenges

NOTES:   

CAFFEINE:

<input type="checkbox"/> I drink more than 1 cup of coffee a day	<input type="checkbox"/> I drink more than 1 cup of tea a day
<input type="checkbox"/> I need caffeine for energy	<input type="checkbox"/> I drink energy drinks to stay awake

NOTES:   

YES



MEDICATION:

I take medication for...

Anti-histamine

Anti-depressant

Acne

Decongestants

Parkinsons Disease

High Blood Pressure

Anti-Anxiety

Nausea or Diarrhea

Psychotic Disorders

Asthma

Reflux

NOTES:



GASTRIC:

I notice frequent...

Heartburn

Chest Pain

I vomit regularly

I buy tablets for heartburn

Sore throat

Burping/belching

Waking at night coughing

Acid taste in my mouth

I use antacids a lot

Dry mouth

Throat clearing

Cough / Hoarseness

Post-nasal drip

Laryngitis

Reflux or regurgitation

Choking/obstruction in throat

Sinus problems

NOTES:



LIFESTYLE:

I like to do the following...

Drink wine before bed

Use marijuana or other recreational drugs

Drink Alcohol

Exercise a lot

Smoke

Party

NOTES:



OCCUPATION:

I do the following in my job...

Get stressed

Work in an industrial plant with chemicals

Taste Wine

Work long hours

Taste Food

Taste vinegars and pickles

Work in vineyard

NOTES:

